

Trauma Subcommittees Application/Nomination Form

Bureau of Emergency Medical Services
P.O. Box 142004, Salt Lake City, Utah 84114-2004

Attn: Jennifer Pratt
(801)538-9995, Fax (801) 538-6808

Please type or print

Name: _____

Work Address: _____

Work Phone: _____ Home Phone: _____

Email Address: _____ Fax: _____ Pager: _____

EMS Agency Affiliation: (if applicable): _____

Certification Level or Licensure: _____

Hospital Affiliation (if applicable): _____

Professional Association Affiliations: _____

Application/Nomination for:

(Check all subcommittees that you are interested in)

☐ Trauma Guideline, Education, Prevention

☐ Trauma Facility Standards

☐ Trauma System Advisory Committee

Briefly Describe Reasons for Making Application/Nomination

Submitted by: _____

Date: _____

Attach Resume or Vitae

TRAUMA SUBCOMMITTEE GUIDELINES

Purpose of Subcommittees - Subcommittees are advisory to the State Trauma Advisory Committee and the Bureau of Emergency Medical Services (EMS) and are organized to provide recommendations to the Committee regarding state trauma system issues and rules. Subcommittees may establish ad hoc task forces to address specific issues applicable to the purview of their subcommittee, but may not commit travel expenses without approval of the Bureau of EMS.

Meeting Schedules - All subcommittees shall as a minimum, meet quarterly, per year. The chair of the subcommittee, in consultation with the bureau, can convene additional meetings as needed.

Meeting Attendance - Committee members shall have no more than one un-excused absence or two excused absences per year. If a member is unable to attend a scheduled meeting, they should notify the EMS Bureau and provide a reason.

Organization - Each subcommittee shall elect a chair and vice-chair at the first meeting of each fiscal year. The chair shall preside and conduct all meetings; however, the vice-chair shall preside and conduct if the chair is absent. Where neither the chair nor vice chair is present, the Bureau of EMS may appoint a temporary meeting chair.

Conduct of Meetings - All meetings shall be open public meetings. One month prior to the scheduled meeting, a notice will be mailed by the Bureau to all subcommittee members requesting agenda items. The chair, in conjunction with Bureau administrative support, will then develop an agenda based upon the response to the written request. A formal agenda shall then be mailed by bureau administrative support to all subcommittee members at least ten days in advance of the meeting. Where an agenda change is necessary (no later than two days before the scheduled meeting) the change must be conveyed to all members by telephone prior to the scheduled meeting by the person requesting the change. Subcommittees shall function under Roberts Rules of Order. A quorum shall be a simple majority of subcommittee membership. The Bureau of EMS will provide administrative and clerical support for committee meeting preparation and proceedings only, and will not chair meetings or report the results of meetings to the Trauma System Advisory Committee. Minutes shall record members in attendance, members excused, members absent, whether there was a quorum present, summaries of discussions, recommendations and motions. In the event a quorum is not present formal motions may not be made; however, discussions may be held regarding the agenda items and recommendations made.

Reporting responsibility - The Subcommittee chair or vice-chair shall briefly report the proceedings of each subcommittee meeting and lead the discussion regarding any action items requiring action by the Bureau of EMS or Trauma Committee. If neither can attend the Trauma Committee meeting the chair shall appoint an alternate and notify the Bureau of EMS.

Bureau of Emergency Medical Services - The Bureau of EMS will provide an administrative and clerical support role only, with regard to the conduct of subcommittee business. As such, the EMS Bureau will assign a coordinator to work with the chair to prepare the agenda and assist in other subcommittee administrative matters. The Bureau will also provide a secretary who will prepare the minutes and assist with other clerical needs. Bureau personnel shall be given an opportunity to participate in subcommittee discussions and testify regarding agenda items. If the Bureau is not in support of all subcommittee recommendations or motions, the EMS Bureau will provide written comments to the Trauma Committee for their consideration at their next Committee meeting detailing their opposition of the subcommittee motion.

Subcommittee Appointment Process - Appointments to Trauma Committee subcommittees shall be staggered from two to four year terms. Unexpired subcommittee terms shall be for the balance of the term. Applications for subcommittee membership will be accepted by the Bureau of EMS at any time. Upcoming subcommittee vacancies will be published in the spring issue of the EMS Impact each year, along with instructions for obtaining an application for membership. Applications will be reviewed by one member of the Trauma Committee and the Bureau of EMS and acted upon as soon as practicable.

Trauma Subcommittee Information

All subcommittees are advisory to the Trauma System Advisory Committee which is ultimately providing recommendations to the Bureau of EMS. The following subcommittees will be established to assist the Trauma System Advisory Committee and Bureau of EMS to meet the goals of the statute: to promote optimal care for trauma patients; alleviate unnecessary death and disability from trauma and emergency illness; inform health care providers about trauma system capabilities; encourage efficient and effective continuum of patient care, including prevention, pre-hospital care, hospital care and rehabilitative care; and minimize the overall cost of trauma care.

☐ Trauma System Advisory Committee

This statutory committee is advisory to the Department. It is organized to provide recommendations to the Bureau regarding state trauma system needs; evaluating the quality and outcomes of the overall trauma system; review and comment on proposals and rules governing the statewide trauma system and make recommendations for the development of statewide triage, treatment, transport and transfer protocols. The committee may establish standing sub-committees to address specific issues applicable to the purview of their committee, but may not commit travel expenses without approval of the Bureau.

☐ Trauma Guideline, Education, and Injury Prevention Subcommittee

The Bureau of EMS has statutory authority to provide educational programs and to facilitate the coordination of pre-hospital acute care and rehabilitation services. In order to encourage the efficient and effective continuum of patient care including prevention through rehabilitative care, training and education are needed to meet this objective. This subcommittee may be involved in the development and coordination of injury prevention activities with EMS providers and hospitals and serve as a focal point for public information regarding the trauma system.

The Bureau of EMS has statutory authority to establish model state guidelines for triage, treatment, transportation and transfer of trauma patients. Assistance is needed from EMS providers, hospitals, ED physicians, as well as on-line and off-line medical directors to review national and local guidelines. Based upon the review, the subcommittee will establish templates to be used as local for EMS providers and hospitals regarding trauma care.

☐ Trauma Facility Standards Subcommittee

The Bureau of EMS has statutory authority to establish voluntary trauma center designation requirements and to categorize those facilities based on their capabilities to provide care. The Bureau also needs to identify the capabilities available at all facilities to create and maintain a statewide trauma system. The subcommittee will review national ACS and other state guidelines, and provide recommendations for those designation requirements for facilities choosing to be designated as trauma centers.